

## APPLICATION

**The undersigned hereby applies for one of the following in accordance with the municipal zoning ordinance:**

## Zoning Change

### Conditional Use Permit

## Variance

\_\_\_\_\_, Rock County Wisconsin

OWNER \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

ZIP \_\_\_\_\_

**PARCEL SIZE:** \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**CURRENT USE:** \_\_\_\_\_

LOCATION: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_

**CURRENT ZONING:**

**PROPOSED ZONING:** \_\_\_\_\_

Fee Receipt from Town Treasurer, AMOUNT: \_\_\_\_\_

REASONS FOR REQUEST: \_\_\_\_\_

**NAMES AND ADDRESSES OF OWNERS OF ALL PROPERTY LYING WITHIN \_\_\_\_\_ FEET OF AREA AFFECTED BY THIS APPLICATION:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP \_\_\_\_\_

ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**ADDRESS:**

**ADDRESS:** \_\_\_\_\_

ZIP

ZIP

**MAP OF PROPOSED AREA TO BE AFFECTED (PLOT PLAN) SHOWING:**

- 1) Length and angles of existing and proposed property lines.
- 2) Location of adjacent properties within 1,000 feet.
- 3) Zoning classification of adjacent properties within 1,000 feet.
- 4) Ownership of adjacent properties within 1,000 feet
- 5) Location of public roads.
- 6) Drawn to a scale of 1-inch equals 200 feet or other appropriate scale.

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**Property Owner's Signature**

WHITE - Town Copy  
CANARY - Building Inspectors Copy

**PINK - Applicant Copy**  
**GOLDENROD- County Planning Department**

Approved	Denied	Date
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**Chair**

**Conditional Use Permit - Chair of P & Z Comm.**  
**Zoning Change - Chair of Town Board**  
**Variance - Chair of Board of Appeals**